



PATENT
450100-02946

2622
[Signature]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Kouji Komatsu, et al.
Serial No. : 09/765,005
Filed : January 18, 2001
For : DATA PROCESSING DEVICE FOR CAMERA-
INTEGRATED VTR, PRINTER THEREOF, AND METHOD
FOR OPERATING THE PRINTER
Examiner : Lamb, Twyler Marie
Art Unit : 2622
Confirmation No. : 7272

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Mail Stop Amendment, Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on
November 17, 2004

Thomas F. Presson, Reg. No. 41,442
(Name of Applicant, Assignee or Registered Representative)

Thomas F. Presson
Signature

November 17, 2004

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on October 14, 2004, having a three-
month statutory period for response set to expire on January 14, 2005, please amend the above-
identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.



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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	6	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	1	Minus	*** =3	* 0 x	\$88 (44)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300(150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ____ month following the expiration of the term originally set therefor. This is a petition to request a ____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ____ is attached, which covers the cost of ☐ additional claims ____ petition for extension of time.
- ☐ Charge \$ ____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative

Thomas F. Presson
Signature

November 17, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Thomas F. Presson
Thomas F. Presson
Reg. No. 41,442
Tel: 212-588-0800